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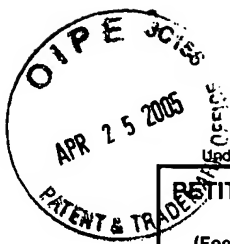
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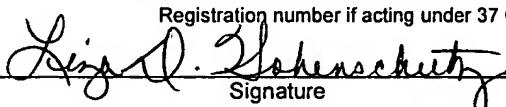
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|---|------------------------|-----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/758719-Conf. #6555 |
| | Filing Date | January 16, 2004 |
| | First Named Inventor | Jean-Claude Robert |
| | Art Unit | 1614 |
| | Examiner Name | K. E. Weddington |
| Total Number of Pages in This Submission | Attorney Docket Number | 10892-00020-US |

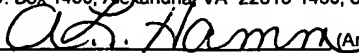
| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div>Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--------------------------------|----------|--------|
| Firm Name | CONNOLLY BOVE LODGE & HUTZ LLP | | |
| Signature | | | |
| Printed name | Liza D. Hohenschutz | | |
| Date | April 20, 2005 | Reg. No. | 33,712 |

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| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1456, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: 4/20/2005 | Signature: (Amy L. Hamm) |



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|---|----------------------------------|---|-------------------------|
| REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 10892-00020-US | |
| Application Number 10758719-Conf. #6555 | | Filed January 16, 2004 | |
| For A METHOD FOR SUPPLYING BIOAVAILABLE METHIONINE TO A COW | | | |
| Art Unit 1614 | | Examiner K. E. Weddington | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-2775. I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 33,712 | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under 37 CFR 1.34 _____ | | | |
|  Signature | | April 20, 2005 Date | |
| Liza D. Hohenschutz Typed or printed name | | (302) 658-9141 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of 1 forms are submitted. | | | |

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| Dated: 4/20/2005 | Signature:  (Amy L. Hamm) |